

PTO/SB/21 (09-04)

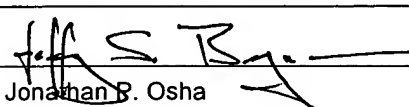
Approved for use through 07/31/2006. OMB 0651-0031

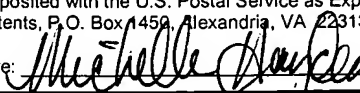
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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|--|------------------------|------------------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application Number | 10/634,629-Conf. #7203 |
| | Filing Date | August 5, 2003 |
| | First Named Inventor | Michael A. Siracki |
| | Art Unit | 3672 |
| | Examiner Name | K. L. Thompson |
| Total Number of Pages in This Submission | Attorney Docket Number | 05516/142002 |

| ENCLOSURES (Check all that apply) | | |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Return Receipt Postcard |
| <div>Remarks</div> | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|--|----------|--------|
| Firm Name | OSHA & MAY L.L.P. | | |
| Signature |  45,925 | | |
| Printed name | Jonathan B. Osha | | |
| Date | January 28, 2005 | Reg. No. | 33,986 |

| | |
|---|---|
| I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV576719665US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. | |
| Dated: January 28, 2005 | Signature:  (Michelle Hayden) |



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|---|---------------------|--------------------------|------------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | Complete if Known | |
| FEE TRANSMITTAL For FY 2005 | | Application Number | 10/634,629-Conf. #7203 |
| | | Filing Date | August 5, 2003 |
| | | First Named Inventor | Michael A. Siracki |
| | | Examiner Name | K. L. Thompson |
| | | Art Unit | 3672 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | Attorney Docket No. | 05516/142002 | |
| TOTAL AMOUNT OF PAYMENT | | (\$) 500.00 | |

| | |
|---|---|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check | <input checked="" type="checkbox"/> Credit Card |
| <input type="checkbox"/> Money Order | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (please identify): _____ | |
| <input checked="" type="checkbox"/> Deposit Account | Deposit Account Number: <u>50-0591</u> |
| Deposit Account Name: <u>Osha & May L.L.P.</u> | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

| | | | | | | | |
|---|---------------------|---|--------------------|---------------------------------------|----------------------------------|-----------------------|-----------------------|
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
| | | Small Entity | | Small Entity | | Small Entity | |
| Application Type | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fees Paid (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |
| 2. EXCESS CLAIM FEES | | | | | | | |
| | | | | | | Small Entity | |
| | | | | | | Fee (\$) | Fee (\$) |
| Fee Description | | | | | | | |
| Each claim over 20 (including Reissues) | | | | | | 50 | 25 |
| Each independent claim over 3 (including Reissues) | | | | | | 200 | 100 |
| Multiple dependent claims | | | | | | 360 | 180 |
| Total Claims | | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | | |
| <u>15</u> | | <u>- 40 =</u> | <u>x</u> | <u>=</u> | Fee (\$) | | Fee Paid (\$) |
| Indep. Claims | | Extra Claims | Fee (\$) | Fee Paid (\$) | | | |
| <u>4</u> | | <u>- 7 =</u> | <u>x</u> | <u>=</u> | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | | Fee (\$) | Fee Paid (\$) | | |
| <u> </u> | <u>- 100 =</u> | <u> </u> | <u>/50</u> | <u>(round up to a whole number) x</u> | <u> </u> | <u>=</u> | |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | Fees Paid (\$) | |
| Other (e.g., late filing surcharge): <u>1401 Notice of appeal</u> | | | | | | <u>500.00</u> | |

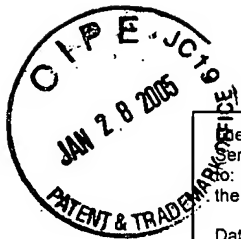
| | | | |
|---------------------|------------------|-----------------------------------|------------------|
| SUBMITTED BY | | | |
| Signature | | Registration No. (Attorney/Agent) | 33,986 |
| Name (Print/Type) | Jonathan P. Osha | Telephone | (713) 228-8600 |
| | | Date | January 28, 2005 |

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Dated: January 28, 2005

Signature:

(Michelle Hayden)



01-31-05

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Dated: January 28, 2005

Signature:

Michelle Hayden
(Michelle Hayden)

Docket No.: 05516.142002
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Michael A. SIRACKI

Application No.: 10/634,629

Confirmation No.: 7203

Filed: August 5, 2003

Art Unit: 3672

For: PREFORMED TOOTH FOR TOOTH BIT

Examiner: Thompson, K.L.

NOTICE OF APPEAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Applicant hereby appeals to the Board of Appeals from the decision of the Patent Examiner dated January 21, 2005, finally rejecting claims 1-15 of the above-identified patent application.

Please charge our Credit Card in the amount of \$500.00 covering the fee set forth in 37 CFR 41.20(b)(1). Credit Card Payment Form SB-2038, with a signature from an authorized cardholder, is enclosed. The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith to our Deposit Account No. 50-0591, under Order No. 05516/142002. A duplicate copy of this paper is enclosed.

02/02/2005 HDNESS1 00000043 10634629

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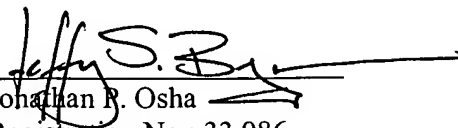
500.00 DP

Application No.: 10/634,629

Docket No.: 05516/142002

Dated: January 28, 2005

Respectfully submitted,

By 
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Houston, Texas 77010
(713) 228-8600
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